






Search Results

From the 6/11/2021 release of VAERS data:

**Found 49,889 cases where Vaccine is COVID19 and Manufacturer is MODERNA and Standard-MedDRA-Query broadly-matches 'Anaphylactic reaction'**

Table

	 	
Age	Count	Percent
< 3 Years	4	0.01%
3-6 Years	1	0%
12-17 Years	14	0.03%
17-44 Years	17,953	35.99%
44-65 Years	18,272	36.63%
65-75 Years	8,607	17.25%
75+ Years	4,489	9%
Unknown	549	1.1%
TOTAL	49,889	100%

Case Details

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**VAERS ID:** [905937](#) ([history](#)) **Vaccinated:** 2020-12-21  
**Form:** Version 2.0 **Onset:** 2020-12-21  
**Age:** 53.0 **Days after vaccination:** 0  
**Sex:** Female **Submitted:** 0000-00-00  
**Location:** Missouri **Entered:** 2020-12-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001J20A / 1	LA / IM

**Administered by:** Work **Purchased by:** ?

**Symptoms:** [Breath sounds abnormal](#), [Cough](#), [Headache](#), [Rash](#),  
[Rhinorrhoea](#), [Stridor](#), [Throat irritation](#)

**SMQs:**, Anaphylactic reaction (narrow), Angioedema (broad),  
Oropharyngeal conditions (excl neoplasms, infections and allergies)  
(narrow), Acute central respiratory depression (narrow), Hypersensitivity  
(narrow), Respiratory failure (narrow), Drug reaction with eosinophilia  
and systemic symptoms syndrome (broad)

**Life Threatening?** No

**Birth Defect?** No

**Died?** No

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** Yes

**Hospitalized?** No

**Previous Vaccinations:**

**Other Medications:** AMLODIPINE 5 MG DAILY ALBUTEROL INHALER 2  
PUFFS Q6H PRN SOA CARVEDILOL CR 80 MG DAILY DILTIAZEM SR 240  
MG BID HCTZ 12.5 MG DAILY LEVOTHYROXINE 175 MCG DAILY MON -  
FRIDAY LEVOTHYROXINE 200 MCG DAILY SAT/SUN NTG 0.4 MG SL  
PRN CHEST PAIN PRAVA

**Current Illness:**

**Preexisting Conditions:**

**Allergies:** ASPIRIN - BODY RASH CODEINE - ANAPHYLAXIS  
CEPHALEXIN - RASH WITH BLISTER MEPERIDINE - RASH WITH  
BLISTERS ALL ANTIBIOTICS EXCEPT MACROLIDES AND QUINOLONES  
- RASH WITH BLISTERS MINT LAVENDER OREGANO BEE BALM CATNIP  
HYSSOP LEMON BALM MOVI-PREP SULFA - ANAPHYLAXIS

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** PT WITH KNOWN H/O SEVERE ALLERGIC REACTION -  
APPROXIMATELY 15 MINUTES AFTER INJECTION, BEGAN TO COUGH  
AND EXPERIENCE ITCHY THROAT. SHE REPORTED THAT THIS IS  
WHAT HAS HAPPENED WITH OTHER ALLERGIC REACTIONS. SHE  
REQUESTED ORAL DIPHENHYDRAMINE HOWEVER SYMPTOMS  
WORSENEDED QUICKLY - DETERMINATION WAS MADE TO ADMINISTER  
EPINEPHRINE. SHE WAS GIVEN A DOSE OF 0.3 MG EPINEPHRINE IM AT  
1402. PT QUICKLY BEGAN TO FEEL BETTER. SHE WAS GIVEN ORAL  
BENADRYL 100 MG (PER HER REQUEST - SHE SAYS THIS IS HOW  
MUCH SHE TAKES EVERY TIME SHE HAS AN ALLERGIC REACTION).  
DOSE GIVEN AT 1410. SHE DID HAVE COMPLETE RESOLUTION OF HER  
SYMPTOMS. SHE WAS KEPT IN THE CLINIC FOR OBSERVATION. AT  
1430, PT AGAIN BEGAN EXPERIENCING SYMPTOMS AGAIN, SHE WAS

COUGHING AND HAD ITCHY THROAT. SHE WAS IMMEDIATELY TAKEN TO THE ED. SHE HAD COUGH, RUNNY NOSE, RASH ON FORARMS ONLY - NOT PRESENT ON CHEST OR BACK OR FACE. AN IV WAS PLACED BY ULTRASOUND IN HER LEFT AC. AT 1438, EPI 0.3 MG IM GIVEN 1440 - FAMOTIDINE 20 MG IV GIVEN 1441 - METHYLPREDNISOLONE 125 MG IV GIVEN 1442 - FAMOTIDINE 20 MG IV GIVEN 1443 - DIPHENHYDRAMINE 50 MG IV 1444 - VITALS - 136/94, HR - 92, OXYGEN SAT - 96% ON RA 1445 - PT C/O HEADACHE, STILL COUGHING, RASH PERSISTS 1450 - IPRATROPIUM / ALBUTEROL + RACEMIC EPI GIVEN 1453 - STILL CONTINUOUS DRY COUGH, RASH BETTER 1455 - BREATHING TREATMENT COMPLETE - COUGH MUCH BETTER 1457 - HEIGHT - 63" WEIGHT - 87.7 KG, 97.4 TEMP, HR - 77, OXYGEN SAT 96% 1504 - PT REPORTS FEELING MUCH BETTER, NO COUGH, NO RASH, LUNGS CTA BIL, NSR - HR - 75, 127/89, 96% ON RA 1610 - PT DOING WELL - PLANNING TO BE DISCHARGED - WITH RX FOR EPI PEN AND PREDNISONE 50 MG DAILY X 3 1616 - SYMPTOMS RETURNED, CONTINUOUS COUGH RETURNED, RASH PRESENT ON ARM, OXYGEN SAT 93%, 146/102, HR - 91, RUNNY NOSE 1619 - IPRATROPIUM / ALBUTEROL + RACEMIC EPI GIVEN - LUNGS DIMINISHED IN BASES WITH STRIDOR HIGHER UP NEW IV PLACED IN LEFT HAND 1620 - 151/91, OXYGEN SAT 99% ON RA, HR - 86

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**VAERS ID:** [905962](#) ([history](#))    **Vaccinated:** 2020-12-21  
**Form:** Version 2.0    **Onset:** 2020-12-21  
**Age:** 35.0    **Days after vaccination:** 0  
**Sex:** Female    **Submitted:** 0000-00-00  
**Location:** Missouri    **Entered:** 2020-12-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	001J20A / 1	- / IM

**Administered by:** Work    **Purchased by:** ?

**Symptoms:** [Chest discomfort](#), [Dyspnoea](#), [Heart rate increased](#)

**SMQs:** Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), Dehydration (broad)

**Life Threatening?** No

**Birth Defect?** No

**Died?** No

**Permanent Disability?** No

**Recovered?** Yes

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** Yes

**Hospitalized?** No

**Previous Vaccinations:**

**Other Medications:** NONE

**Current Illness:** NONE KNOWN

**Preexisting Conditions:** ASTHMA - TAKES NO MEDICATIONS ADHD - TAKES NO MEDICATIONS

**Allergies:** VANCOMYCIN - RASH



**Diagnostic Lab Data:****CDC Split Type:**

**Write-up:** approximately 30 minutes after receiving the vaccine, patient reported development of symptoms including increased HR, chest tightness and mild shortness of breath. She presented to the ED and was evaluated. She was given diphenhydramine 25 mg IV x 1 1629, famotidine 40 mg iv x 1 @ 1630, methylprednisolone 125 mg iv x 1 at 1629. patient was observed for 90 minutes. She was without further symptoms, VSS and she was discharge to home in stable condition at 1800

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<b>VAERS ID:</b> <a href="#">905986</a> (history)	<b>Vaccinated:</b>	2020-12-15
<b>Form:</b> Version 2.0	<b>Onset:</b>	2020-12-17
<b>Age:</b> 59.0	<b>Days after vaccination:</b>	2
<b>Sex:</b> Female	<b>Submitted:</b>	0000-00-00
<b>Location:</b> Texas	<b>Entered:</b>	2020-12-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	EK 5730 / 1	LA / IM

**Administered by:** Military      **Purchased by:** ?

**Symptoms:** [Induration](#), [Mass](#), [Pruritus](#), [Skin warm](#), [Swelling](#)

**SMQs:** Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

**Life Threatening?** No

**Birth Defect?** No

**Died?** No

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** No

**Previous Vaccinations:**

**Other Medications:** to many to list

**Current Illness:** none

**Preexisting Conditions:** b/p, diabetic, on a daily baby asa, chol meds, multi vitamins

**Allergies:** entex, pcn, adhesive tape sensitivity

**Diagnostic Lab Data:****CDC Split Type:**

**Write-up:** Severe swelling, hard lump, hot to touch, severe itching

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<b>VAERS ID:</b> <a href="#">906235</a> (history)	<b>Vaccinated:</b>	2020-12-22
<b>Form:</b> Version 2.0	<b>Onset:</b>	2020-12-22
<b>Age:</b> 30.0	<b>Days after vaccination:</b>	0
<b>Sex:</b> Female	<b>Submitted:</b>	0000-00-00
<b>Location:</b> New York	<b>Entered:</b>	2020-12-22

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Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / IM

**Administered by:** Work **Purchased by:** ?

**Symptoms:** [Erythema](#), [Flushing](#), [Immediate post-injection reaction](#), [Palpitations](#), [Paraesthesia](#)

**SMQs:**, Anaphylactic reaction (broad), Peripheral neuropathy (broad), Arrhythmia related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

**Life Threatening?** No

**Birth Defect?** No

**Died?** No

**Permanent Disability?** No

**Recovered?** Yes

**Office Visit?** Yes

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** No

**Previous Vaccinations:**

**Other Medications:** None

**Current Illness:** None

**Preexisting Conditions:** None

**Allergies:** None

**Diagnostic Lab Data:** No

**CDC Split Type:**

**Write-up:** Immediately after receiving the vaccine, I felt tingling sensation in my extremities. I felt flushed, my chest became red, and I felt like my heart was racing. It generally lasted about a minute. Now, two hours later i am still feeling some tingling in my left arm.

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<b>VAERS ID:</b> <a href="#">906315</a> ( <a href="#">history</a> )	<b>Vaccinated:</b>	2020-12-22
<b>Form:</b> Version 2.0	<b>Onset:</b>	2020-12-22
<b>Age:</b> 62.0	<b>Days after vaccination:</b>	0
<b>Sex:</b> Female	<b>Submitted:</b>	0000-00-00
<b>Location:</b> Connecticut	<b>Entered:</b>	2020-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / IM

**Administered by:** Private **Purchased by:** ?

**Symptoms:** [Ear swelling](#), [Erythema](#), [Lip swelling](#)

**SMQs:**, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

**Life Threatening?** No

**Birth Defect?** No

**Died?** No

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** Yes

**Hospitalized?** No

**Previous Vaccinations:**

**Other Medications:** patient pre medicated self with Benadryl per instructions of her PCP

**Current Illness:** n/a

**Preexisting Conditions:** crohns

**Allergies:** Butalbital-aspirin-caffeine Iodinated Diagnostic Agents  
Meperidine Infiximab Montelukast Montelukast Sodium Penicillin G  
Azathioprine Adhesives/tape Codeine Latex Morphine Nsaids  
Penicillins Tetracycline

**Diagnostic Lab Data:** steroids administered in the Emergency Department

**CDC Split Type:**

**Write-up:** At 35min post vaccine patient noted with redness to the chest, neck and going up to face and bilateral ears. Ears were swollen. Patient transferred to the Emergency Department where she was noticed to have swollen lips

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<b>VAERS ID:</b> <a href="#">906398 (history)</a>	<b>Vaccinated:</b>	2020-12-21
<b>Form:</b> Version 2.0	<b>Onset:</b>	2020-12-21
<b>Age:</b> 54.0	<b>Days after vaccination:</b>	0
<b>Sex:</b> Female	<b>Submitted:</b>	0000-00-00
<b>Location:</b> California	<b>Entered:</b>	2020-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	EJ1685 / 1	RA / SYR

**Administered by:** Unknown      **Purchased by:** ?

**Symptoms:** [Urticaria](#)

**SMQs:** Anaphylactic reaction (broad), Angioedema (narrow),  
Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic  
symptoms syndrome (broad)

**Life Threatening?** No

**Birth Defect?** No

**Died?** No

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:**

**Allergies:**

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** Hives

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**VAERS ID:** [906560](#) ([history](#)) **Vaccinated:** 2020-12-22  
**Form:** Version 2.0 **Onset:** 2020-12-22  
**Age:** 65.0 **Days after vaccination:** 0  
**Sex:** Female **Submitted:** 0000-00-00  
**Location:** Maine **Entered:** 2020-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

**Administered by:** Private **Purchased by:** ?

**Symptoms:** [Rash](#)

**SMQs:**, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

**Life Threatening?** No

**Birth Defect?** No

**Died?** No

**Permanent Disability?** No

**Recovered?** Yes

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** Yes

**Hospitalized?** No

**Previous Vaccinations:**

**Other Medications:** none

**Current Illness:** no

**Preexisting Conditions:** no

**Allergies:** none

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** Rash on arms

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**VAERS ID:** [906800](#) ([history](#)) **Vaccinated:** 2020-12-21  
**Form:** Version 2.0 **Onset:** 2020-12-22  
**Age:** 33.0 **Days after vaccination:** 1  
**Sex:** Male **Submitted:** 0000-00-00  
**Location:** Unknown **Entered:** 2020-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / UNK	LA / SYR

**Administered by:** Unknown **Purchased by:** ?

**Symptoms:** [Chills](#), [Cough](#), [Headache](#), [Pain](#)

**SMQs:**, Anaphylactic reaction (broad)

**Life Threatening?** No

**Birth Defect?** No

**Died?** No

**Permanent Disability?** No

**Recovered?** No

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** No

**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:** None**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Chills, body aches, mild cough, headache

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**VAERS ID:** [906812](#) (history) **Vaccinated:** 2020-12-22  
**Form:** Version 2.0 **Onset:** 2020-12-22  
**Age:** 36.0 **Days after vaccination:** 0  
**Sex:** Female **Submitted:** 0000-00-00  
**Location:** Nebraska **Entered:** 2020-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	LA / IM

**Administered by:** Private **Purchased by:** ?**Symptoms:** [Blood glucose](#), [Dizziness](#), [Electrocardiogram](#), [Flushing](#), [Presyncope](#)**SMQs:** Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Lexapro 20 mg, Vitamin D**Current Illness:** None reported**Preexisting Conditions:** None reported**Allergies:** PCN, Sulfa Antibiotics**Diagnostic Lab Data:** EKG, blood glucose**CDC Split Type:****Write-up:** Dizziness, Flushed, Light headed, Near Syncopal Episode.

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**VAERS ID:** [906818](#) (history) **Vaccinated:** 2020-12-21  
**Form:** Version 2.0 **Onset:** 2020-12-21  
**Age:** 26.0 **Days after vaccination:** 0  
**Sex:** Female **Submitted:** 0000-00-00  
**Location:** Missouri **Entered:** 2020-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	011J20A / 1	RA / IM



**Administered by:** Private    **Purchased by:** ?

**Symptoms:** [Paraesthesia oral](#), [Somnolence](#), [Throat tightness](#)

**SMQs:**, Anaphylactic reaction (broad), Angioedema (broad), Anticholinergic syndrome (broad), Dementia (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypersensitivity (broad), Hypoglycaemia (broad)

**Life Threatening?** No

**Birth Defect?** No

**Died?** No

**Permanent Disability?** No

**Recovered?** Yes

**Office Visit?** No

**ER Visit?** No

**ER or Doctor Visit?** No

**Hospitalized?** No

**Previous Vaccinations:**

**Other Medications:**

**Current Illness:**

**Preexisting Conditions:**

**Allergies:**

**Diagnostic Lab Data:**

**CDC Split Type:**

**Write-up:** During 15 min observation, employee reported tingling in her lips. She is allergic to grass and has experienced this feeling when she is having an allergic reaction. Employee taken to gurny, VS taken. No hives noted. Reported her throat feels a little tight. 50 mg of Benadryl given. See attachment for VS record. 1:1 observation by RN. No further s/s. Employee states points to her flowers and says it could be the flowers my mom sent me for vaccination day. Monitored employee until 1950 when she was taken home by a co-worker. Employee states she has improved s/s and is now just drowsy. Informed to discuss reaction with PCP and/or EH. Instructed to call EMS or go to ED if symptoms come back.

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TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMSSMQ=21&VAX=COVID19&VAX  
MAN=MODERNA